Post Office Address:

1509 Grovenor Court

West Chester, Pennsylvania 19380

State or Country Zip Code

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: COMPOUNDS, COMPOSITIONS AND METHODS FOR TREATMENT AND PROPHYLAXIS OF HEPATITIS C VIRAL INFECTIONS AND ASSOCIATED DISEASES

ASSOCIATED DISEASES	
the specification of which [check one(s) applicable]	
X was filed 24 November 2004 as International Applie	cation No. PCT/US2004/039533 on which U.S. Patent
Application No. <u>10/579,813</u> , filed <u>16</u>	
and was amended by Amendment filed	(if applicable); [or];
is attached to this Declaration, Power of Attorney and	Power to Inspect; e above-identified specification, including the claims, as amended
by any amendment referred to above; and that I acknowledge m	
examination of this application in accordance wit Rule 56 (a) [3]	7 C.F.R. §1.56(a)].
CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:	
Provisional Application No.	Filing Date
60/525 0/12	<u>Day/Mo/Year</u> 24 November 2003
60/525,042 60/526,383	24 November 2003 2 December 2003
60/526,198	2 December 2003
60/526,196	2 December 2003
60/526,199	2 December 2003
60/526,247	2 December 2003
60/526,248	2 December 2003
60/526,220	2 December 2003
Kathleen D. Rigaut, Ph.D., J.D. Reg. No. 43,047.	ennected therewith: Patrick J. Hagan,, Esq., Reg. No. 27,643 and ERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly the papers on file relating to this application.
SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110	
DIRECT INQUIRIES TO: Telephone: (215) 563-4100 Facsimile: (215) 563-4044 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
SOLE OR FIRST JOINT INVENTOR	SECOND JOINT INVENTOR
Full Name Srinivas K. CHUNDURU First Middle Last	Full Name Christopher A. BENETATOS First Middle Last
Signature Sofaras Chindlen	Signature (Share) under the signature
Date May 15, 2007	Date 3/22/07
Residence West Chester Pennsylvania	Residence Downingtown, Pennsylvania
Residence West Chester, Pennsylvania City State or Country	City State or Country
Citizenship U.S.	Citizenship U.S.

Post Office Address:

City State or Country

Downingtown, Pennsylvania 19355

34 McIlvain Drive

THIRD JOINT INVENTOR FOURTH JOINT INVENTOR Full Name Thomas Full Name Theodore NITZ BAILEY Middle Middle First Last First Last Signature Signature ____ Phoenixville, Pennsylvania Residence_ Residence Pottstown, Pennsylvania City State or Country City State or Country Citizenship U.S. Citizenship U.S. Post Office Address: Post Office Address: 217 Amanda Lane 20601 Top Ridge Drive Boyds, Maryland 220841 Phoenixville, Pennsylvania 19460 City State or Country Zip Code State or Country Zip Code